DEPARTMENT OF HOMELAND SECURITY
UNITED STATES CUSTOMS AND BORDER PROTECTION
PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: 04-CR-544
Defendant: KUN FUK CHENG	Type of Process: Forfeiture - Service

SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City,State and Zip Code):

Chase Manhattan Bank USA, Legal Unit, P.O. Box 5210, New Hyde Park, NY 11042

Send notice or service copy to requester at Name and Address below: GLENN T. SUDDABY, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207	Number of Processes to be Served	
	Number of Parties to Served	
	Check box if service is on USA	

Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please serve the following: A certified copy of the Preliminary Order of Forfeiture and the Notice of Publication and Forfeiture

(ForCRV 6330)

Signature of Attorney or other Originator requesting service on behalf of: [signature] for **Thomas A. Capezza, AUSA**	**(X)Plaintiff** **( ) Defendant**	Telephone No. 518-431-0247	Date 3/6/06

Signature and Date of Person accepting Process:

SPACE BELOW FOR USE OF DEPARTMENT OF HOMELAND SECURITY AGENCY

I acknowledge receipt for the total number of process indicated.	District of Origin No.______	District to Serve No.______	Signature of Authorized Dept. of Homeland Security Agency Officer Wayne A. Foley	Date 3.9.2006

I HEREBY CERTIFY AND RETURN THAT I( ) PERSONALLY SERVED. (X) HAVE LEGAL EVIDENCE OF SERVICE. ( ) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC.,AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

Name and Title of individual served if not shown above. ( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address: (complete only if different than shown above)	Date of Service	Time of Service ( ) a.m. ( ) p.m.
	Signature,Title and Dept. of Homeland Security Agency Wayne A. Foley	FP&FO, CBP

REMARKS:

Process was served by certified mail on 3.16.2006 as evidenced by the attached copy of the return receipt.

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chase Manhattan Bank USA
Legal Unit
P.O. Box 5210
New Hyde Park, NY 11042

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X ☐ Addressee

B. Received by (Printed Name) GARY BLANEY C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

NEW HYDE PARK NY MAR 16 2006 USPS

RECEIVED
CRP
MAR 2 0 2006
NEWBURGH, NY

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number
(Transfer from service label) 7004 2890 0002 4005 7981

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 2890 0002 4005 7981

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To Chase Manhattan Bank USA
Street, Apt. No.; or PO Box No. Legal Unit
City, State, ZIP+4 P.O. Box 5210
New Hyde Park, NY 11042

PS Form 3800, June 2002 See Reverse for Instructions